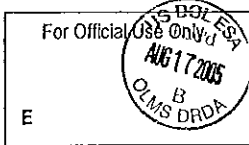


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>16003</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>JEFFREY P. FROST</u> P.O. Box, Bldg., Room No., if any Street <u>2400 BIG TIMBER Bldg B, STE 202</u> City <u>ELGIN</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60123</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS LOCAL 502</u> Labor Organization File Number <u>018-000</u> P.O. Box, Building and Room Number, if any Street <u>2400 BIG TIMBER Rd, BLDG B, STE 202</u> City <u>ELGIN</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60123</u>
5. Position in labor organization. <u>SECRETARY TREASURER / BUSINESS REP.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 8/11/05 847-741-7430
Date Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>CHICAGO AREA LEDET</u></p> <p>Trade Name, if any: <u>LABORER EDUCATION COOPERATION EMPLOYEE TRUST</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>999 MCCLINTOCK DR. Suite 302</u></p> <p>City <u>BUFF RIDGE</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60527</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>SAFETY AWARDS Luncheon Honoring Laborers with no injuries</u></p> <p>11.b. Approximate dollar value of such dealing. <u>56.25</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

LOCAL UNION No. 582



LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Toby E. Koth, President & Business Manager

Phone 847-741-7430 • 2400 Big Timber Road, Bldg. B, Suite 202 • Elgin, Illinois 60123



August 10, 2005

US Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW Room N-5616
Washington DC 20210

Re: Form LM-30 Filing for Jeffrey P. Frost, Labor Organization File Number 018-000

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Jeffrey P. Frost

Enclosure